

## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u>

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>3-⊍/-</u> 07	Address:	RT1-51264
Case #: -35- <u>36</u> 348		ER ( - SIR G ) FRANCESCOLEN .
County: GIBDN		<u> 117534</u>
Type of Laboratory Scizure (check one)	Seizure Location (	check all that apply)
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Residence Outbuilding LVehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open as (check all that apply)  Lithium/Ammonia Reaction(s):	r, etc)	
Red Phosphorous/Iodine Reaction(s):		
Flammable Solvents: CAZ		
Water Reactive Metal (Lithium):		
Anhydrous Ammonia: TRUNK OF CAR		
Hydrochloric Acid Gas Generator(s): Al-		
Corrosive Acid:		
Corrosive Base:		·
Other (item and location):		•
Child under age 18 discovered (check one)  Yes 2 (number present) No  *If yes, fax report to Child Protective Services	Investigative Information  Dependence Pseudocphedrine Tracking Log Retail/Merchant Tip  Other MARKE Passass	
This report is to be faxed to the following agencies that serve the location:		
Fire Department: FANCESCO	Fax: MAJC	
Health Department: 61850N COONTY	Fax: <i>%u-3</i> ; Fax:	4-8021
Child Protection Service:		
For further information regarding this methamphotamine laboratory, contact Investigating Officer: <u>1084</u> 45		

\*\*\* This form is to be included with the case fife, and a copy sent to the Claudestine Laboratory Team Leader for retention.

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.